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Sub	stitute for form 1449/P	то			Complete If Known
				Application Number	10/595,929-Conf. #9133
INFORMATION DISCLOSURE				Filing Date	May 19, 2006
S	TATEMEN'	T BY A	PPLICANT	First Named Inventor	Mladen Mercep
				Ari Unit	N/A
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Sheet	1	of	3	Attorney Dockel Number	03818/0204412-US0

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Examiner Initials*	Cite No.	Document Number Number-Kind Code ² (#Imoun)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and office country where published.					
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Signature	Considered
	 Considered



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Sut	stitute for form 1449/PTO			Complete If Known		
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11	VEORMATION	ı Di	SCLOSURE	Filing Date	May 19, 2006	
S	TATEMENT B	3Y /	APPLICANT	First Named Inventor	Mladen Mercep	
				Art Unit	N/A	
(Use as many sheets as necessary)			necessary)	Examiner Name	Not Yet Assigned	
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Examiner Signature	/Kendra Carter/	Date Considered	07/01/2009
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